

Pool/Spa Facility Health Department Plan Review Guidelines & Application

Environmental Health & Sustainability
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The City of Plano Environmental Health Division require that complete plans and specifications be submitted, reviewed, and approved before any construction and/or remodeling can begin on a swimming pool/spa facility. Access the [Texas Pool Code](#) and the [City of Plano Pools and Spas Ordinance](#). These documents will help you find information and answer questions when completing this plan review packet.

Submitting Plans

The City of Plano Environmental Health Division is concerned about the time and expense involved in building a swimming pool/spa.

The enclosed “Pool/Spa Specifications Form” must be completely filled out including the finish schedule and equipment list. Notations of “see plans” will not be accepted. Plans must be site specific, and wording such as “typical” will not be accepted. Failure to include all requested information may delay the review and/or approval of your plans.

One hard copy set of signed and dated plans, drawn to scale, must be submitted to this Division and include the following information:

- a. Facility floor plan with equipment layout
- b. Manufacture specification sheets for all equipment
- c. Mechanical, plumbing, and electrical plans
- d. Size of heater needed for facility (submit calculations)
- e. Finish schedule as noted in this form
- f. The barrier must be submitted as a separate permit

A separate application form and fee must be submitted for each pool and spa at the same address.

Fees

The applicable plan review fee must accompany each set of plans for the initial review. Plans without a fee will not be accepted. **All fees must be paid in full prior to receiving an approval to operate.**

Review Process

We do not offer an option to expedite the plan review. Plans are reviewed on a first come first serve basis. The Submitter will be notified within 10 business days of receipt of the plan submittal if the plans are approved or if more information or changes are needed. Non-approval of plans will require submission of revised plans and may take up to another 10 business days for notification.

Once a **written approval** of the plans is received by the Submitter, construction may begin. The plan review approval letter must remain on site until the completed construction is approved by this Division. It is the responsibility of the submitter to make sure inspections are scheduled. **All inspections require a minimum 2 business day notice.** If the plans change after they have been approved by this Division, the plans must be re-submitted for approval. This review may take up to another 10 business days for notification.

Submitter Responsibility and Required Inspections

It is the responsibility of the Submitter or their designee to schedule at least three (3) inspections of the facility. All inspections require a minimum 2 business day notice. Inspections are to be scheduled by calling our office at 972-941-7143. Please do not try to schedule inspections in TrakIt. The fee for these 3 inspections is included in the plan review fee.

First inspection:

1. Conducted PRIOR to application of gunite/shockcrete.
2. Assure the plans approved by this Division are followed and to look for other unexpected issues that may result in a delay in the approval to operate.
3. The inspector will leave a list of items to comply with before having the second inspection conducted.

Second inspection:

1. Conducted AFTER the gunite/ tile, and before water is added to the pool.
2. Conducted AFTER the pool barrier is in place.
3. The inspector will leave a list of items to comply with before having the third inspection conducted.

Third inspection:

1. Final inspection by Environmental Health
2. Verifies that all work is complete and in compliance with the Pool Code.
3. The pool/spa has been thoroughly cleaned.
4. All equipment is working properly.
5. All items noted during the 1st and 2nd inspections have been corrected.
6. All Health Department fees are paid in full.

A Pool/Spa Permit is required prior to any use of the pool/spa.

Pool/Spa Facility Application

New Establishment ☐ Remodel ☐ Addition ☐

Application Date: _____ Date of Planned Opening: _____

****Facility Information***

Facility Name: _____

Facility Address: _____
(Full Address Required)

Phone # : _____

****Submitter Information***

Name: _____

Mailing Address: _____
(Full Address Required)

Phone #: _____ Email Address (Required): _____

****Business/Ownership Information***

Name: _____

Mailing Address: _____
(Full Address Required)

Phone #: _____ Email Address (Required): _____

***Required prior to plan review**

INSTRUCTIONS FOR USE OF THIS FORM:

All information is required. Partially completed forms **WILL NOT BE ACCEPTED**. Please enter N/A for any information that is not applicable to this submittal.

For facilities with more than one pool and/or spa, please fill out a separate form for **each** pool and/or spa.

General Information

Partially completed forms WILL NOT BE ACCEPTED. Notation of “see plans” WILL NOT BE ACCEPTED.

POOL: Length:	Width:	Shape:
Construction:	Depth: Minimum:	Maximum:
Capacity: gallons	Surface area:	sq. ft. Bather load:

SPA/HOT TUB: Length:	Width:	Shape:
Construction:	Depth: Minimum:	Maximum:
Capacity: gallons	Surface area:	sq. ft. Bather load:

WADING POOL: Length:	Width:	Shape:
Construction:	Depth: Minimum:	Maximum:
Capacity: gallons	Surface area:	sq. ft. Bather load:
Is wading pool separately fenced or provided with other barrier? Yes _____ No _____		
Describe barrier:		

SPRAY PAD: Length:	Width:	Shape:
Construction:		
Capacity of cistern: gallons	Location of cistern:	
Is cistern equipped with an automatic fill device? Yes _____ No _____		

TURNOVER RATE (in hours):	FLOW RATE (in gpm):
Pool:	Pool:
Spa/Hot tub:	Spa/Hot tub:
Wading pool:	Wading pool:
Spray pad:	Spray pad:

DECKS:		
Size (at least 5' wide):	Construction:	Finish:
Deck slope:	Direction of slope (toward drains, pool, etc.):	
Deck drains provided? Yes _____ No _____	Type:	Spacing (max. 15'):
Hose bibbs every 100 ft. minimum? Yes _____ No _____ Fencing (describe):		
Depth markers provided? Wall: Yes _____ No _____, Deck: Yes _____ No _____ Letter size:		

WATER SUPPLY: Well or municipal supply (name if municipal)?	
Fill spouts:	Location:
Air gap on fill spouts? Yes _____ No _____ (must be at least twice the pipe diameter) Size:	
Backflow preventer? Type:	Location:

WASTE DISPOSAL:
Backwash to sanitary sewer? Yes _____ No _____ Two times pipe diameter air gap? Yes _____ No _____
Sight glass provided? Yes _____ No _____ Location:
Other disposal type:
Spray pad: Is there a mechanism to prevent stormwater from entering the cistern during a storm event? Yes _____ No _____
Description:
Location:
If "No", explain how stormwater will be prevented from entering the cistern during a storm event:

Equipment

POOL:
Main drain: Number: _____ Size: _____ Pipe diameter: _____
Main drain cover: Name: _____ Model: _____ VGB compliant? Yes ___ No ___
Effective open area in main drain cover (in square inches): _____
Maximum flow through cover (GPM): _____ Cover approved for sump? _____
Skimmers (one per 400 sq. ft. of surface area) Minimum of two: Number: _____
Overflow gutter (if used): Surge tank provided? Yes _____ No _____ Amount of overflow space: _____
Distance between outlets (maximum 15'): _____ Outlet pipe size (min 2"): _____
Inlets: Number: _____ Discharge depth (12" min): _____ Distance between inlets (max 15'): _____
Emergency shutoff switch provided? Yes _____ No _____ Location: _____
Will circulation system run 24-hours per day? Yes _____ No _____

SPA/HOT TUB:
Main drain: Number: _____ Size: _____ Pipe diameter: _____
Main drain cover: Name: _____ Model: _____ VGB compliant? Yes ___ No ___
Effective open area in main drain cover (in square inches): _____
Maximum flow through cover (GPM): _____
Skimmers (one per 400 sq. ft. of surface area) Minimum of two: Number: _____
Overflow gutter (if used): Surge tank provided? Yes _____ No _____ Outlet pipe size (min 2"): _____
Distance between outlets (maximum 15'): _____
Inlets: Number: _____ Discharge depth (12" min): _____ Distance between inlets (max 15'): _____
Emergency shutoff switch provided? Yes _____ No _____ Location: _____
Will circulation system run 24-hours per day? Yes _____ No _____

WADING POOL:			
Main drain: Number:	Size:	Pipe diameter:	
Main drain cover: Name:	Model:	VGB compliant? Yes___ No___	
Effective open area in main drain cover (sq. in.):		Maximum flow through cover (GPM):	
Skimmers (one per 400 sq. Ft of surface area) Minimum of two: Number:			
Overflow gutter (if used): Surge tank provided? Yes___ No___ Outlet pipe size (min 2"):			
Distance between outlets (maximum 15'):			
Inlets: Number:	Discharge depth (12" min):	Distance between inlets (max 15'):	
Emergency shutoff switch provided? Yes___ No___ Location:			
Will circulation system run 24-hours per day? Yes___ No___			

SPRAY PAD:			
Main drain: Number:	Size:	Pipe diameter:	
Main drain cover: Name:	Model:	VGB compliant? Yes___ No___	
Effective open area in main drain cover (in square inches):			
Maximum flow through cover (GPM):			
Emergency shutoff switch provided? Yes___ No___ Location:			
Will circulation system run 24-hours per day even if spray features are turned off? Yes___ No___			
Is cistern equipped with a turbidimeters? Yes___ No___			

PUMPS:	MAKE	MODEL	HP	MAXIMUM FLOW RATE (gpm)
Pool				
Spa/Hot tub				
Wading pool				
Spray pad				
Filters:	MAKE	MODEL	HP	MAXIMUM FLOW RATE (gpm)
Pool				
Spa/Hot tub				
Wading pool				
Spray pad				

DISINFECTION SYSTEM:			
Chlorine:	Bromine:	Other:	
Equipment: Make:	Model:	Type: Gas___	Erosion___ Hypo___
Hypo systems: Regulator provided? Yes___ No___		Location of injection:	
Backflow prevention features:			
Automatic control device? Yes___ No___		Make:	Model:
UV System: Make:		Model:	
Equipped with light intensity meter? Yes___ No___			
Other chemical systems: Description with make and model:			

Other Equipment

Flow meter provided? Yes _____ No _____ Location:			
Bather load signs provided/posted? Yes _____ No _____ Location:			
Pressure gauge(s) provided? Yes _____ No _____ Location:			
Suction cleaning provided? Yes _____ No _____ Location:			
Diving boards: Number: _____ Locations: _____			
Water depth	Board height	Headroom	Horizontal separation
Board 1)			
Board 2)			
Board 3)			
Board 4)			
Lights: Number: _____ Make: _____		Model: _____ Watts: _____	
Ladders provided? Yes _____ No _____ Location:			
Steps:			
Contrasting color? Yes _____ No _____			
Non-slip design? Yes _____ No _____			
Handrails provided? Yes _____ No _____			

Dressing Rooms, Toilets, and Shower Facilities

DRESSING ROOMS:
Dressing room layout is adjacent to the lockers and showers? Yes _____ No _____
When leaving the dressing room, bathers must pass the toilets and showers in route to the swimming pool, spa/hot tub, wading pool or spray pad? Yes _____ No _____
Dressing room floor construction:
Dressing room floor non-slip? Yes _____ No _____
Floor finish impervious to moisture? Yes _____ No _____
Materials used for walls, partitions, etc. easily cleanable and will not be damaged by frequent cleaning, or disinfectants? Yes _____ No _____ Material type: _____

TOILET FACILITIES:
Provided for both males and females? Yes _____ No _____ ADA accessible? Yes _____ No _____
Toilet facility fixtures properly protected against backflow? Yes _____ No _____
Men's toilets: Number of urinals: _____ Number of water closets: _____
Women's toilets: Number of water closets: _____
Toilet facility venter? Yes _____ No _____
Partitions, walls, and ceilings constructed or material not adversely affected by steam, water, or disinfectants? Yes _____ No _____ Material type: _____
Finish impervious to moisture? Yes _____ No _____ Slope of ¼" toward floor drains? Yes _____ No _____
Toilet facility floor non-slip? Yes _____ No _____
Hose bibbs provided in toilet rooms to enable entire room to be conveniently flushed by hose? Yes _____ No _____

SHOWER FACILITIES:		
Provided for males and females and are accessible tp disabled persons? Yes_____ No_____		
Bathers must pass through shower room prior to entering the swimming pool area? Yes_____ No_____		
Number of showers: Males: _____ Females: _____		
Shower facility floor non-slip? Yes_____ No_____ Floor slope of: _____		
Finish impervious to moisture? Yes_____ No_____		
Partitions, walls, and ceilings constructed of material not adversely affected by steam, water, or disinfectants? Yes_____ No_____ Material type: _____		
Shower water temperature of at least 90 degrees F? Yes_____ No_____		
Minimum rate of 3gpm? Yes_____ No_____ Thermostatic mixing value? Yes_____ No_____		
Hose bibbs provided in shower rooms to conveniently flush entire room by hose? Yes_____ No_____		
Shatterproof mirrors? Yes_____ No_____ Toilet paper provided? Yes_____ No_____		
Paper towels or air dryers provided? Yes_____ No_____		

FOR OFFICE USE ONLY		
DATE RECEIVED STAMP	RECEIVED BY:	DATE PLANS APPROVED:
		APPROVAL STAMP: